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ABSTRACT

The lack of support services following the release of adolescent youths from a residential treatment center back to their families is examined in this practicum. Consequently, the development of a family reintegration program for the treatment center is focused on the concept that effective aftercare begins at intake. Understandably, families already involved with their son or daughter while in placement proved far more successful in reunification efforts than families that were not involved. A number of factors contributed to the lack of effective aftercare services to youths who successfully completed the residential program, however, including: (1) unsupported values and theory; (2) lack of continued services; (3) lack of an aftercare methodology; and (4) lack of collaboration between service providers, funding and referral agencies. The first step in the program design involved a review of similar programs, both locally and nationally. Next, a survey instrument was developed and sent to selected staff members, referring agency workers and directors, and a small sample of students from the program. Finally, budgetary plans for a revised program were developed, funds were ensured, and several counties that might be interested in the program were contacted. Five appendices present: Aftercare Report Format, Implementation Plan, two communication diagrams, and a survey example. Contains 99 references. (KW)

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The Design of an Effective Family Reintegration and Aftercare Program for Youth Successfully Leaving Residential Care

by

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Cohort 64

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A Practicum Report Presented to the
Master's Program in Child Care, Youth Care, and Family Support
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

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ABSTRACT

The design of an effective family reintegration and aftercare program for youth successfully leaving residential care. Roley, Jeffrey, H., 1995: Practicum Report, Nova Southeastern University, Master's Program for Child Care Administrators. Descriptors: Aftercare / Aftercare Services / Boot Camps / Child Welfare / Community-based Programs / Family Preservation / Family Reintegration / Family Reunification / Group Care / Home-based Services / Independent-living Programs / In-home Care / Juvenile Delinquency / Permanency Planning / Recidivism / Residential Care / Residential Treatment Centers / Transitional Living Programs.

The lack of support services following the release of adolescent youth from a residential treatment center back to their families was problematic. Based on a review and analysis of the research literature, family reunification efforts that are highly intensive and provide for frequent contacts with families over given lengths of time, have a direct relationship to the successful reintegration of youth and their families. The majority of respondents surveyed reported that they were dissatisfied with the residential treatment center's current aftercare approach.

The author designed a family reintegration program for a residential treatment center focused on meeting the needs of youth and families in an effective manner. Families actively involved with their son or daughter while in placement, are far more successful in

reunification efforts than families that are not involved. The design incorporates the concept that effective aftercare begins at intake.

The responses from surveyed youth, parents, referral agents, administration, and treatment center staff are favorable to the implementation of the design. The residential treatment center now has a well-planned family reintegration model that builds on the strengths of the child, family, community, and program, articulating in its approach to permanency planning that it practices what it preaches.

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Chapter 1: Introduction and Background

Setting in which problem occurs

The practicum setting is a medium-sized child care agency consisting of four offices in one state. The main office, which administrates the agency's residential care services, is located in a small, rural farming community. This community is the hometown of the agency's founder. One of the other three offices is in a major metropolitan city in the Midwest. The other two offices are located near cities with approximate populations of 100,000 people. The main office was opened 29 years ago out of a small storefront, sharing office space and one secretary with a Christian ministry to high school students.

As two men were driving a van full of tired, yet happy young people back home from camp in the summer of 1964, they were confessing to one another that there was something missing in their attempt to make a lasting, positive impact to help these kids turn their lives around. As volunteers they had been attempting for several years to help delinquent young people from the inner city get a fresh look at life by providing a week of summer camp. Their high school ministry to the sons and daughters of the local farmers and surrounding townspeople had been very successful. All they seemed to need was some direction and purpose to their young lives. The young people from the city, however, appeared to be dealing with more severe issues that a week at camp could not cure.

They were disturbed because of the pattern of seeing these children make positive commitments at camp, only to turn back to the street life, and sometimes death, when they returned home. The two men were frustrated at their attempts to make a significant difference in those young lives with their usual approach to caring. Their heartbeat was for kids, especially hurting kids from the city. And their hearts told them they had to do more. Even though the word "permanence" was not a word they were accustomed to using in the context of a child and his family, that is exactly what they wanted for these youth. A permanent family relationship where a child could grow up healthy and without fear.

With the assistance of the state department of social services, and the local county probate court, the practicum agency became a reality for the purpose of providing hope to those youth who found themselves locked up in detention facilities, or literally nowhere to call home. The first residential group home was constructed in 1966, and the first youth placed in January, 1967. Now, after nearly 30 years, that same heartfelt passion to help kids has caused the agency to move on from residential care, to include foster care services, adoption services, independent living, and family counseling services throughout the state.

The residential care program is the aspect of the agency that the practicum project focused on. The program is a fully licensed, state approved 70 bed facility servicing 60 adolescent males and 10

females. There are three campuses located in three separate counties and three different school districts. The program is for delinquent, neglected, abused, and emotionally disturbed youth between the ages of 11 and 17. Youth are referred from the state's department of social services, the department of mental health, and county juvenile courts.

In a review of agency admission data, approximately 45% of the referrals for 1994 came from state referral agencies and the balance from juvenile courts. The residential program is designed to meet the mental, social, physical, emotional, and spiritual needs of youth through a renewing of the family concept. The primary goal is to prepare the youth for a return to his or her family, if possible, within an average of 10-12 months. The agency's mission statement is to provide hope to young people and families through life changing relationships and experiences from a Christian perspective.

The concept of residential services at the practicum agency has been in constant evolution. Originally, delinquent youth were referred as an alternative to detention or to the state's long-term boys training school. The agency employed a married couple, commonly referred to as "houseparents," as the primary care-givers. The predominant idea was that the boys needed "3 square meals, a roof over their heads, a warm bed, significant work opportunities, and loving parent-figures" to turn their lives around. Three decades and working with hundreds of incredibly difficult youth have forced the agency to change the way it perceives the milieu.

Today, there is a team of 6 staff for every 10 youth. The agency still employs married couples, but the stress level for them has been significantly reduced. The couple is on duty for 3 1/2 days and off duty for 3 1/2 days. In addition there is a youth worker on duty with the married couple, now referred to as "teaching-parents." The title change took place in 1988 in an attempt to more accurately depict what the couple actually does. Issues of attachment and separation were taken into account when the agency considered changing the pattern of days on and off for the married couple.

There is a therapist assigned to each team as an equal team member. I will say more about equal team status later in this report. The therapist provides group and individual therapy to the young people and is responsible for service plans and court reports. In general terms, it is the therapist's responsibility to have frequent contact with the family of the youth while in placement. Due to the rural location of the residential program, this sometimes creates tremendous problems for families and the therapist. In an attempt to help this situation, the agency has placed family therapists in the three other offices, which are located near the homes of the majority of the children placed in the practicum agency's residential care program.

The homes that the children live in are all based on a similar blueprint of a large "ranch-style" house that allows for "line of sight" supervision. On one end of the building is the office and apartment for staff, with bedrooms for the youth on the other end. In the middle

is an open kitchen, dining, and living room that is both comfortable and efficient. The basement, the location for the laundry, table games and group meetings, is open and easily supervised by staff. Seven of these homes have been constructed over the years in the agency's residential program, with the last one being completed in 1978. The blueprint was so popular that it served as a model for other programs around the country until the early 1980's.

There are significant differences in the three campuses. The oldest campus is a rural boys facility with three ranch-style homes on 120 acres of rolling pasture and woods. Each home is equipped for 10 boys, giving this campus a capacity of 30. The campus was originally a farm and was deeded to the agency corporation for $13,000 in 1966. The farming component of this campus has always been a hallmark for the agency. There is a barn with approximately 60 beef cattle that are raised by the youth for selling at auction and meat consumption.

Initially, referring workers from the city are skeptical about whether their youngster will be able to make the adjustment to the country. Trieschman (1969) was right when he made the point about the milieu being a tool to bring about change. The skepticism is put aside as the youth learns transferable concepts from the farm to the city, especially in regard to work. The active 4-H program compliments the formal treatment modality. The campus has a swimming pond, a gymnasium, woodshop, on-grounds classroom,

and challenge ropes course to help in providing the best in caring and treatment services to the youth.

The second oldest campus has one home for 10 youth and a horse barn with 7 horses. Township zoning laws prohibited the agency from building any more houses on this rural campus. The campus has gone through a number of changes over the years. Originally it was a 10 bed boys program, meant for the high achievers from the other two campuses. This concept created more problems than it was intended to solve. It became a regular boys program in the mid-1970's, and it remained that way until 1989.

As the adjudicated young men being referred to the agency were becoming more emotionally disturbed, it was determined that an "intake unit" would help diminish the wear and tear on the houseparents and the homes. The home on this campus became the agency's intake unit and was staffed with direct care workers on shifts, referred to as youth workers. This arrangement lasted for two years, until referrals on boys began to fall off due to the state's decision to develop community-based programs for delinquent youth.

Based upon a needs assessment conducted by the agency, it was determined that the state needed residential beds for girls. The agency board of trustees, determined to keep the home open, chose to switch to program for adolescent girls. A transfer of 10 boys beds for 10 girls beds secured the license for the agency in June, 1992. The

program has remained at capacity with a short waiting list for the past two years.

The issue of family is of acute concern with the girl's program. The need for good family work is no less important in the boy's program, it is that it surfaces so often in the emotional "roller-coaster" of a girl's program. This program strives to provide services and treatment to both the youth and her family, but for all of its good intentions, it reflects a client-centered approach which I will address later in the report.

The newest campus is situated in the midst of 100 acres of corn and alfalfa. It has three homes with a capacity for 10 boys in each. This campus also made the transition from houseparents to the current team model for staffing. Referrals to either boy's campus are dependent upon openings, the makeup of the group in the house, and the needs of the youth. This campus does not have a barn. Group work is the primary treatment modality. The youth attend one of two school districts. There is an alternative education program available for those that would not be able to function in either a regular education classroom or special education classroom.

In the evolution of the total residential program the agency is constantly seeking innovative ways to meet the rapidly changing needs of the youth in the state. Without losing the nurturance and warmth that has characterized the program, in the last three years the agency has added several major components. The design is to address

the residents' life experiences in families with dysfunctional patterns that have inhibited their ability to develop healthy values and behaviors.

This disparity has been addressed by developing a stronger group concept to utilize the influence today's teenager has with his or her peers. Youth growing up today often have never developed an ability to bond to adults, but their concern for peer acceptance can influence them to change (Brendtro & Ness, 1983; Bronfenbrenner, 1979). The groups are designed to nurture and challenge the youth to hold one another accountable to a path that fosters respect, concern and emotional growth (Vorrath & Brendtro, 1974).

As mentioned earlier, the reorganization of the agency created a closer approximation to what Krueger (1990), refers to as "treatment teams" with each team member having equal status. In reviewing compensation and benefits packages offered by the practicum agency over the past ten years, there is a strong movement toward a true valuing and professionalization of the direct care workers. The treatment team consists of a youth worker, therapist, and two teaching-parent couples. The campus teams are supervised by an on-site supervisor with a Master's degree. This arrangement has flattened out the supervisory hierarchy, so that a direct care worker is only three supervisory levels from the agency executive director. This has proven to be a favorable arrangement for management, staff, and children. It is not unusual to find 7 to 8 levels of supervision and

management in agencies of similar size. The direct care worker has been empowered and has significant input into agency decisions, management costs are contained, and the youth benefit from a more consistent, individualized treatment. Other support staff include a consulting psychologist and psychiatrist, activities coordinator, vocational/agricultural coordinator, consulting physician, and nurse.

Student's role in the setting

The author is considered a "lifer" within the agency. Having started nearly 20 years ago as a houseparent with his wife, the author is aware of the many transitions the agency has undergone. At the time of employment the practicum agency was only a residential program for 60 boys. Today, the agency, in one form or another, puts to bed every night nearly 400 children. The author has moved from direct child care, to the role of counselor and therapist, case supervisor, intake coordinator, campus supervisor, and now to the position of director of residential services.

In the current role, the author is responsible for all treatment services, licensing compliance, and staff on the agency's three residential campuses. The recent major changes have been guided by the author with able assistance from many of the residential staff. The author is certified by the Trieschman Center as a field instructor in supervision and has taught at the state level for the state child and youth care worker organization.

The author is an active participant in the agency's on-going strategic planning process, a member of the agency's "director's leadership team," and a committee member of the state federation of child and youth care agencies organization. Most importantly, the author has learned to embrace change.

Chapter 2: The Problem

Problem statement

There has never been a well thought out plan for the reintegration of a youth in residential placement in the practicum agency with his or her family that included an effective aftercare provision. For years it has been recognized as a weakness within the agency, however, until recently, the state did not reimburse for aftercare services. With the state's current interest in community-based and "wrap-around" services for children and families, there has emerged an opportunity for reimbursement for aftercare services (Abbey, 1993; Maluccio, et. al., 1994). Recently, the agency's foster care division in another city was able to contract with one county DSS office for a small family reunification program called "Home Enhancement."

A long-standing discrepancy, however, exists between what the practicum agency states in its approach to permanency and hope for children, and what actually is practiced in residential care. In order to effectively meet the needs of families with children in placement, if it is believed that the agency should do all it can to reintegrate the family, then a continuum of services that includes aftercare should be available (Altschuler & Armstrong, 1994; Pine, Warsh, & Maluccio, 1993; Fagan, 1989; Flye & Feifer, 1988).

What is currently regarded as "aftercare" in the residential division of the agency, is a short two page report (Appendix A),

completed by the therapist 45-60 days subsequent to discharge. Generally, the information is compiled via telephone or face-to-face with the referring worker and/or the parent. In the residential contract with the state DSS, the agency is required to assign a social service worker, following discharge from care, who would meet with the youth and family once a month for two months "to assist the child and family to establish family equilibrium." This simply meets the state licensing minimum requirement for follow-up on a child after release from care. This can no longer be acceptable. The agency does not have an effective, well-designed aftercare program for youth place in residential care.

Documentation of the problem

There is a classic little book, published by the Child Welfare League of America two decades ago, that is a foundational study in the outcomes following residential treatment (Taylor & Alpert, 1973). In the forward, Carl Schoenberg, in relation to all the priorities residential programs make for the child, states, ". . . slower to come has been the investment in the work necessary to make this involvement of the parents [in a clear, consistent and treatment supporting role] an actuality. The import of the current study . . . is that without *this* activity, all else may indeed be a waste" (Taylor & Alport, 1973, p. i). Interestingly, there was ambiguity even with CWLA regarding working with families at one time. In some quarters there was serious question as to the legitimacy of the treatment of

parents, and whether or not that would even be considered a function of a residential center (Hylton, 1964).

The practicum agency understands that if it is to be effective with the youth in care, care must be given to the family, otherwise, all of that wonderful treatment "may indeed be a waste." Family involvement while the youth is in care, coupled with a solid aftercare component makes for the best in planning for family reintegration. The child's post-discharge adaptation to the home environment is directly related to the number and quality of parent-child contacts during placement (Taylor & Alpert, 1973, p. 51).

It is not because there was a lack of understanding of the issues involved that the agency has taken so long to consider providing a family reunification program. A former director of the practicum agency published a short story depicting a young man's dilemma of being returned to a home environment without aftercare services (Bennett, 1989). The youth, in a particularly vulnerable moment in the story, states, "Oh man, Youth Home sucks! Everybody's happy to help me while I'm here, but soon as I goes they don't do nothin'. And that crap about there's no money for helpin' - that's jive" (pp. 72-73).

The overarching concept to effective aftercare is what is commonly referred to as *permanency*. Permanency planning is often connected with the difficulty that takes place when a youngster is already placed out of his or her biological family into temporary surrogate care, and the child has nowhere to live in a permanent,

nurturing relationship. In practice, the permanency movement has tended to emphasize foster and adoptive care. One supervisor in another child care agency has been quoted as saying:

> Permanency planning . . . refers to the timely return of the child to his or her biological or extended family, or where this is not feasible, to an adoptive home. It is recognized that for some children *placed in foster care* [italics added], neither of these objectives is a viable option and permanent foster homes may be considered as the only plan offering any semblance of permanence. (Maluccio, Fein, & Olmstead, 1986).

In reviewing individual treatment plans for youth in the practicum agency, permanency goals for those needing care outside of the biological home, were far more detailed than the plans that called for a return to the biological home. As a consequence, the implementation of the action steps of those plans calling for a return home for the youth successfully completing residential care are short-sighted, and in the long run may contribute to further disruption of the youth's home and possible future out-of-home placement.

Quality permanency planning, at least within the context of the practicum agency, needs to become the norm for all of the agency's youth, not just those who are truly in need of foster and adoptive care. Other consequences of poorly developed plans for those returning home include increased anxiety and possible acting out in the child

prior to and immediately following release (Bennett, 1989), longer lengths of stay in placement (Abbey, 1993), loss of contact with the child and family subsequent to release, and scanty information for future program evaluation and design.

A recently commissioned university study by the agency's board of trustees presents a compelling example of the latter two consequences. The study, which was to determine, in part, recidivism rates of delinquent youth that were once in the agency's care, proved to be inconclusive due to the paucity of basic information regarding the youth that was available to the researchers. The end result betrayed the agency's historical lack of attention to the families of the youth in care. It just has not been that important to the agency to know what happens to the youth when they leave care. Fortunately, that is changing.

Analysis of the problem

Factors that have contributed to the lack of effective aftercare services to youth, who have successfully completed the residential program and are ready to reintegrate home, include: Unsupported values and theory; lack of a program that is part and parcel of a continuum of services; a lack of an aftercare methodology; and a lack of collaboration between service providers, funding and referral agencies (Maluccio, Fein, & Olmstead, 1986).

As Maluccio, et al., (1986) noted, there needs to be an emphasis by an agency on certain values while a youth is in placement

that leads to a new framework for permanency planning. Again, I mention the mission of the practicum agency as a means of providing hope to children and families . . . from a Christian perspective. The value of going the "second mile" (i.e., aftercare, even when it is not funded), is built into the mission of the agency. In specific respect to aftercare, the value of working with a family subsequent to their child's release, has been unsupported by the practicum agency and the funding referral sources.

In order to be as successful with aftercare services with a youth (as the agency was with residential services with the youth), aftercare needs to be viewed at least as important a service as residential care (Hodges, et al., 1989; Van Hagen, 1982). Such aspects need to be stressed such as "the primacy of the family in a child's growth and development; systematic planning; time limits; goal directed activities; and the continuing need of each human being to belong to a family" (Maluccio, et al., 1986, p. 5).

Van Hagen (1982) cites Whittaker stating, "that the work done with a child and his family after placement is as important as anything during placement." Krueger (1986) reinforces the value of family involvement by encouraging staff and agencies to stretch their respective vision of what it means to work with families. He says:

> Youth need continual involvement with their families, even youth who come from *very disrupted* families [italics added]. This involvement, however, should not be limited to

> family therapy. Family members want to know how to manage, teach, parent, and enjoy their youth, and most troubled youth need continuous interaction with their parents and siblings. (p. 55)

A quality aftercare service would naturally grow from the imbedding and nurturance of this philosophy within a child caring agency's culture.

The lack of program and methods, naturally result from unsupported values and theory. They are interrelated. Aftercare services should be a part of the continuum of residential treatment. Children and families need structured, post-discharge contact with the residential agency to facilitate the transition and to maintain the gains that have been achieved. When families reunite after residential placement, a well-planned intervention program can address many of the problems that occur when children return to their families (Hodges, et al., 1989).

Typically, however, aftercare is the service most often neglected by agencies (Irvine, 1988). "It is an underdeveloped service that receives insufficient funding and staff attention" (Irvine, p. 588). Certain obstacles to the necessary collaboration between service providing agencies to children and families and funding bodies, have inhibited agencies in providing aftercare to youth and families. One obstacle has been the difficulty obtaining consensus on the meaning and boundaries of the term "aftercare" in order for state policies to be

established (Irvine, p. 589). Aftercare services may include, services to the child's family, assistance in independent living arrangements, vocational training, high school completion programs, use of mentors, peer support groups, and any number of resource and referral services (Irvine, p. 589). Indeed, during the implementation of the practicum, I was told by one long time "family reunification" program manager that the term "aftercare" was outdated.

Financing has been a major problem. The funding base, usually in purchase of service agreements through per diems, "normally covers treatment during a child's placement but not aftercare services" (Van Hagen, 1982, p. 19). Normally, funding for such services come through time-limited grants and private fundraising efforts. Fortunately, for agencies and families that is changing. Irvine states, "Legislation and policy related to . . . aftercare services (is) evolving at the federal, state, and local levels. State and local policies for child welfare services define the specific services to be delivered and standards to be met" (1988, p.588).

Aftercare's significance to children and families is only beginning to be recognized in the practicum agency's state (Abbey, 1993; Abbey & Schwartz, 1992; Miller, 1993; Miller, 1992). Despite the protestations of Bennett's protagonist, "about there's no money for helpn' - that's jive," the feeling in this state is that funding is the engine of change and reform. The question remains, however, will the state remain committed, as it appears to be at the present time, to funding

effective aftercare programs. The answer will be left up to where the state places its collective value; on children and families or what appears to be short-run fiscal expediency. No matter the legislative (Gire, 1992), or department of social services (Miller, 1993; Miller, 1992) motivation for finally funding aftercare services, it is a move in the right direction. It will be up to the service providers to make it a quality-laden and effective service.

Chapter 3: Goals and Objectives

Goals

It is established that a residential care agency's work is incomplete unless there have been formulated effective aftercare plans for children facing reintegration with their families, and that children do better following post-placement when their families have been involved in the planning while they were in placement. It has also been established that if the practicum agency desires to remain true to its mission, that an aftercare plan must be a part of the continuum of services provided to children and families.

Therefore, the problem, from the perspective of this practicum report, is identified as a residential care agency's lack of services for the successful reintegration of youth in care with their families.

Goals and objectives developed to impact the problem must address the design of an aftercare program. The goal of this practicum can be stated as follows: By the end of the practicum period, to design an effective family reunification program for youth successfully leaving residential care and reintegrating with their families. The practicum period was ten weeks in duration.

Objectives

Based on the goal statement, objectives can be identified as follows:

(1) To review the designs of seven best residential family reunification programs from the state and nation within the ten week implementation period. Outcome: I will have "state of the

art" information. I will not need to reinvent "the wheel." I will have had contact with other program directors for future networking.

(2) To develop 6 survey instruments (a self-report questionnaire), for each of the following inputs: Referral workers; staff; youth in care; parents of youth in care; selected released youth; and selected parents of released youth within the ten week implementation period. Outcome: A self-report questionnaire will be developed to be used to gather valuable data for the purpose of designing the most effective family reunification program.

(3) To select and identify the above inputs that will receive the survey instrument within the ten week implementation period. Outcome: Best field of knowledgeable experts that specifically can identify what will make the reunification program effective.

(4) To mail the survey instrument and/or personally interview with the instrument, the selected above inputs within the ten week implementation period. Outcome: That 75% of each selected group will respond with helpful data to be applied to the program design.

(5) To survey practicum agency directors for their input into the possible design of services within the ten week implementation period. Outcome: To ascertain their degree of support for

family reunification services, and to give them input in the design.

(6) To explore national, state, and local standards of quality of family reunification services within the ten week implementation period. Outcome: This will give standards that the agency can use in the designing of the program to assess quality and measure quantity of the program.

(7) To develop an adaptation scale instrument for feedback from families, once youth has returned home within the ten week implementation period. Outcome: This will provide a document to be used once the reunification program is operationalized.

(8) To write a framework for a family reunification program design as it would apply to the practicum agency's successful youth and families within the ten week implementation period. Specifically, identifying the service definition, service tasks, and the technology employed for intervention. Outcome: This document will provide the skeleton for the final design of the program.

(9) To develop a budget for the agency's family reunification program within the ten week implementation period. Outcome: All services are based on contracts and this data will be used in the preparation of contracts with referral agencies.

(10) To identify interested counties in contracting for family reunification services within the ten week implementation

period. Outcome: Allows agency to target specific counties for intake purposes. Those counties that are interested in purchasing family reunification services would have admissions priority.

(11) To identify specific objectives of the family reunification program within the ten week implementation period. Outcome: This process will provide the inputs, throughputs, outputs, and outcomes for every step of the final design (Kettner & Daley, 1988).

Chapter 4: Solution Strategy

Review of existing programs, models, and approaches

Based on a review of the literature on family reintegration and aftercare, a number of programs, models, and approaches can be identified. Stein and Carey (1986) quote a young English girl, six months after her release from residential care as saying: "It gets lonely, it's only when you leave care, you know you've been dumped and it's right lonely." The problems that come with caring for children span the oceans. So do the solutions.

In England there is Bradford Social Services that, apparently in contrast to many other agencies, are providing alternatives to youth leaving care. They have set up an After Care Support Team that is involved in four different areas of work: group work, individual counseling, accommodation (living arrangements), and staff training and development (Stein & Carey, 1986). In reading their book I found greater emphasis placed on independent living approaches to permanency, as opposed to the emphasis we place on permanent foster care, older child adoptions, and work with the family.

Closer to home, I reviewed Altschuler & Armstrong (1994), in which there is discussion of five principles of aftercare. The first principle is the preparing of youth for increased responsibility in the community. This provides continuity for the youth. Progressively, responsibility is increased, as well as personal freedom. The second principle is to actively facilitate involvement and interaction between

the youth and the community. Building supports and opportunities for networking with churches and other community services and agencies becomes a priority.

Working with both the offender and the targeted community support systems on qualities needed for constructive and successful interaction is the third principle of aftercare. Targeting each of the potential resources is essential. The fourth principle is to continue to develop new resources (or reallocate existing ones) and supports as needed. Finally, monitor and test the youth and the community on their collective ability to deal with each other productively (p. 4).

The Intensive Aftercare Program (IAP) is a very comprehensive model and "represents an effort to combine coherently the most innovative ideas and strategies that have been identified nationally to facilitate effective transitioning of high-risk juvenile parolees into the community and to offer a reasonable chance for long-term positive adjustment and reduced recidivism" (p. 1).

Along with documenting the many fine components to the IAP, there is a helpful list of obstacles to aftercare (Altschuler & Armstrong, 1994). Inadequate funding, reliance on institution-based resources, large caseloads for aftercare staff, 9-5 established work hours, poor supervision standards, insufficient attention to pre-release issues, no aftercare workers present in exit conference staffing, distance between institution and community, professional and

organizational rigidity, and crisis-driven management are major problems that can be avoided with proper attention to planning.

Boysville of Michigan designed a family reunification program that can be replicated (Orgain, 1994; Boysville, 1991). It was fashioned after the popular Homebuilders Model (Pecora, Fraser, & Haapala, 1992) that had its origins in the family preservation approach to service delivery in Tacoma, Washington in 1974. It was intended to "prevent" extended out-of-home placement in long-term expensive residential programs. Families with children just coming into the foster care system were the target population. The Boysville program provided 3 to 5 weeks of intensive services (5-20 hours per week) before children returned home, and 5 weeks of intensive aftercare when they returned home (Boysville, 1991).

The caseload size was two families for each caseworker. The caseworkers found that the problems confronting troubled families were more severe and extreme manifestations of similar problems confronting any family, and that parents were highly motivated to get their children back (1991). Past attempts to include parents in treatment for juveniles have often resulted in failure because of deficit thinking, the label "family therapy," inimical facilities, and the lack of aftercare (Christensen, 1991). Successful involvement means viewing parents as partners (Pecora, Whittaker, Maluccio, Barth, & Plotnik, 1992; Carlo, 1988), making facilities less forbidding, focusing on the

family's interest in solutions, and helping them through with the transition (Christensen, 1991).

Boysville offered a second program, the "Eco-Structural Model," which provided services for delinquent boys and girls leaving residential care and returning to the family. This program emphasized both inter-family relationships as well as the family's relationship with the home community. A special feature of the Boysville programs was the help families received to develop social support networks within their communities in order to help them improve their parenting skills. Program statements from Vista Maria, Starr Commonwealth, Wedgwood, and Judson Center were reviewed for similarities and differences with the Boysville models.

Kadushin (1980) offers a comprehensive overview of the historical development of transitional services and the use of evaluation when youth leave care. At Children's Village in Connecticut (Taylor & Alpert, 1973), researchers found that "continuity and support following residential treatment was essential to post-discharge adaptation" and that "the greater the degree of support in the post-discharge environment the greater degree of the child's adaptation to the environment" (pp. 50-51).

Outcome research can be of major assistance to a residential care agency, but a recent review (Whittaker & Pfeiffer, 1994) revealed that much of it is fragmented. Particular emphasis, however, has been on the post-discharge environment. The quality of supports available

in the post-discharge environment appears to be associated with a youth's subsequent community adjustment irrespective of status at discharge (p. 586).

Not surprisingly, contact and involvement with family appears to be positively correlated with post-placement success. In the pioneering study by Taylor and Alpert (1973), "the most conclusive result of the study was that family support is the single most important factor that determines a child's adaptation after discharge" (p. 28). In general, neither the severity of the youth's presenting problem nor the specific treatment modality employed appears to be strongly associated with post-discharge adjustment. And youths with supportive community networks are more likely to maintain their treatment gains than those who lack such supports (Whittaker & Pfeiffer, p. 587).

Family reunification appears to be the title most researchers and professionals (Maluccio, Fein, & Davis, 1994; Staff & Fein, 1994; Pine, Warsh, & Maluccio, 1993; Pecora, Whittaker, Maluccio, Barth, & Plotnik, 1992; Simms & Bolden, 1991), are using currently to identify those programs that are distant relatives of family preservation programs. The agency's state has a contract program with private agencies that is titled "Family Reintegration." It is considered a family reunification program.

Family reunification programs are normally of longer duration, particularly, aftercare services (Staff & Fein, 1994, pp. 197-198).

Generally, family preservation programs help families to become stronger in healthy and respectful ways in order to remain together or stay connected, avoiding out-of-home placement. Family reunification would label those programs designed to bring individuals in a family, who have been separated due to out-of-home placement, back together in healthy ways in order to achieve their highest and most long-lasting level of connection.

When youth return to an ecologically deprived environment from which they were removed, it has been found that they have poor psychosocial functioning, school performance, as well as a variety of behavior problems (Eisikovits & Guttmann, 1988). In addition they make the point that a trademark of quality care in a residential setting is "homelikeness." The youth are expected to "feel at home" (p. 185). It stands to reason, then, that agencies should pay that kind of attention to the child's own home and social environment.

Boot camp fever has swept the country, but there is growing research that indicates that to be effective in significantly reducing recidivism rates, changes will need to take place (Daly, 1994). Locally, Camp Oakland runs a boot camp that has made some adjustments since opening in 1993. The key to success is not the camp itself, but the aftercare service (Ballenberger, 1994). They will have one of their workers follow the youth home and work with him and his parents for up to 8 months. Ballenberger, the founder and director of Michigan's first boot camp states:

> Our ability to provide appropriate support when he goes home is what's important to his success. He needs support in school, in job placement, and in his home and community. It's the only way boys are going to be able to keep it together after leaving boot camp. (1994, p. 6).

Finally, two studies that had the reliable information applicable to this practicum project, describe intensive aftercare services for children in residential care (Hodges, et al., 1989; Van Hagen, 1983). The period immediately following discharge is a critical time for the child and the family. Aftercare becomes a specialized treatment phase in its own right (Van Hagen, p. 27). Aftercare, also, is to be structured so that the gains of residential care are maintained (Hodges, et al., p. 397).

Hodges, et al., gives a helpful section on developing intensive aftercare services in a residential program (p. 398), and a thorough program description. In the study of the children discharged from the Methodist Children's Village of Detroit, the primary goal was to prevent the return of the children to more restrictive residential settings. Important components of the program included: Case planning, parent training, social support, crisis intervention, and school linkage (pp. 398-401).

The program's five "fundamental assumptions" for aftercare interventions are that post-discharge intervention should be delivered in the home, that parents continue to need support and education in

effective parenting skills, that families need to develop and maintain a functional formal and informal social support network, that an appropriate educational placement is important in the child's transition from residential care to living in the home, and that parents should expect that children will test their environment (pp. 403-404).

Description of solution strategy

In order to achieve the goal of designing an effective aftercare program for youth successfully leaving the practicum agency's residential program, and reintegrating with their families, it was necessary to focus on certain factors in the process.

The practicum was for the designing, not the implementation, of a family reunification program for a residential program. In that it was the first step toward implementation, it can not be overlooked that a potential impediment for successful goal achievement was that once the practicum was complete, the program may not be operationalized. Therefore, the practicum verifier and agency executive director assisted in the monitoring of the practicum during the 10 week implementation period, in order to take the knowledge gained at this initial stage of the design process to the next level. Evaluation of the process took place twice during the implementation period with the verifier and director.

It was important that the best designs available were reviewed. Requests for program designs were made during the first week of implementation. The Office of Juvenile Justice and Delinquency

Prevention gave the agency the latest program summary of "state of the art" intensive aftercare policies and procedures. The objective was to review seven designs during the implementation period.

In actuality I was able to review six privately run programs in the state, partially review one, visit and interview program managers at four of them, and review program statements from thirteen national programs. One of the enjoyable aspects to the practicum was meeting such great people who are trying to provide the best, not only in services but in themselves, to families and youth. A very positive by-product is that the network for this agency has grown as a result of this practicum.

A basic survey instrument was developed in the early stages of the implementation period, and modified to be applicable to the appropriate input group (Appendix E). Selecting who to send the survey to was not difficult. All current staff, referring agency workers and directors were asked to respond. Due to the costs involved only a small sample of current students and parents, as well as past students and parents were selected to participate with feedback.

It was a concern that the process may be impeded by not receiving the responses back in time, since the information was critical to the development of the framework and objectives of the design. The backup plan included mailing self-addressed stamped return envelopes with the survey, and doing a phone interview with the same form.

The framework of the design was to be similar to what is presented in Hodges, et al., and Altschuler and Armstrong. I was following Kettner and Daley's design process in defining objectives and their outcomes. The adaptation scale assessment was to be an instrument used by Taylor and Alpert. In reviewing more recent studies and programs, I decided to opt for data collection instruments that would fit within the IAP framework (Altschuler & Armstrong, p. 27).

Standards of quality were extremely important to the success of the practicum. CWLA standards, the Council on Accreditation of Services for Families and Children (COA) generic standards, the state "Home-Based Family Service Association" beliefs and principles, and the state DSS standards were reviewed during the implementation phase. There were certain elements to the programs that demonstrated excellence over other forms of aftercare or reunification. They were identified and built into the continuum of care offered by the agency.

Finally, after a meeting with the state department of social services deputy director, reliable estimates as to the costs of a good program and assurances of funding once the program was operational, allowed for the development of a budget. Specific targeted counties that would be interested in the program, were contacted by telephone and personal contacts with their probate judges, court directors, county DSS directors and supervisors.

Chapter 5: Solution Strategy Employed

What is the most precious thing in the world? Not to participate in injustices. They are stronger than you. They have existed in the past and they will exist in the future. But let them not come about through you! *Aleksandr Solzhenitsyn*

During the implementation of the practicum I was reminded of this quote from The First Circle. It goes along with the quote from Camus I saw in Millen's article (1993), that expresses, "perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children" (p. 6).

I live in a sparsely populated county in a midwestern state that had two nationally reported abuse and torture cases involving children last year. In the most celebrated case, the local county DSS office was grilled by the media and the governor's office, when it was learned that the nine year old girl, who had been found chained to her bed in her father's house, had been the subject of previous protective service calls. And nothing had been done.

Would this have been a case for a family preservation program? Was there a time where intervention that was healthy, empowering, and respectful could have helped the father and his girlfriend manage the children in order for the family to remain together and the children not fear abuse? Possibly, but who really knows. I am not aware of

any services that were ever offered. Perhaps it was a case as described by Millen (1993) of the "harried social worker," uncertain of state and county mandates and confused about the tension between placement/preservation choices, and with the current push in this state to keep families together, the social worker made the wrong decision. The father's rights were terminated this winter, and he is now facing a long prison sentence. All of us in child welfare felt that injustice had come, and that somehow it had come through us.

In residential care, however, is it not possible that the arbitrary restriction of visits with family members, even when a youth is behaving poorly and not "reaching his or her level," is an injustice? What happens to a young person emotionally when visits are restricted, even with abusive parents? Is there more that residential agencies could be doing to help parents and families get stabilized and healthier? I have twenty years of residential experience that tells me what the researchers know. Children do best in care when they have supportive parents involved in the treatment. Children do best in "aftercare" when they had supportive parents involved in the residential care. What are the barriers and obstacles that families have to overcome in order to become "supportive"(Hodges et al., 1989; Carlo, 1988; Flye & Feifer, 1988; Van Hagen, 1982), when they feel that they are viewed as "the enemy?"

Although the implementation of this practicum project very narrowly deals with the design of an aftercare program for residential

youth, the implications are that the agency will continue to evolve as family-centered in all aspects of program and service. This means that our roles as professionals is not primarily one of treating "pathology" but rather that of "supporting, relieving, or assisting" the family (Maluccio, et al., 1991; Tracy, 1988; Garbarino, 1982). "Recognizing the family's role as the principal nurturer of children means that we take the focus off children and put the spotlight on *families*" (Garbarino, p. 194). Residential care staff will work to identify and remove the obstacles and barriers to families reuniting in healthy ways (Fagan, 1989; Flye & Feifer, 1988), and being proactive in self-monitoring any "residential mind-set" that may contribute to an injustice.

To develop an effective family reunification and aftercare program for youth successfully leaving residential care, the solution strategy employed during the practicum focused primarily on the accumulation of data from reviewing the current literature and standards, critiquing program statements, visiting programs, interviewing program managers, and collecting information from respondent surveys. From this information a specific framework for an agency family reunification program for residential care would be developed.

In addition it became clear that in order for the youth to be released from residential care "successfully" and reunited with the family, more than likely, the family was strongly involved in

visitations, treatment conferences, and other agency sponsored activities. Consequently, the need to take the entire residential staff through a "family-centered" training approach that would enable them to empower families of youth in our care, who were not actively supportive or involved, was apparent.

Report of action taken

During the practicum implementation, the solution strategy was utilized and modified as needed. The actual implementation plan for the practicum is found in Appendix B. The goal of the practicum was to design an effective aftercare program for youth successfully leaving residential care and reintegrating with their families. There were eleven objectives established as part of the solution strategy.

The objectives can be categorized in three stages: the accumulation of data on aftercare statewide and nationally; the development and processing of a survey tool; and the development of a skeleton design and budget. The following details the action taken during each of these stages.

Accumulation of data

The accumulation of data included personal interviews and telephone contacts with program directors of numerous residential care facilities involved in some form of aftercare, a telephone conversation with the Coordinator of Special Projects in Residential Group Care for the Child Welfare League of America regarding aftercare, a literature review and search, and examination of current

standards of quality for aftercare from several national accreditation and professional organizations.

This phase was completed within the first five weeks of the implementation period. During this phase I met with some very dedicated individuals, who graciously shared their knowledge and expertise on family reunification and aftercare programs, and the process gave me a better understanding of what is happening in the state and nationally (Fagan, 1989). The first person I met was the In-Home Care Services Director for Vista Maria, a large campus-based residential program for girls. She explained that her agency, like many agencies, was in transition and wanted to branch out with a community-based program. The program itself was brand new, and she confessed that what she had to share was new to her as well.

This turned out to be the most helpful of all the meetings that I was to have during the implementation. The director shared with me two books that will be of great value as the agency develops the program: Together Again: Family Reunification in Foster Care, by Pine et al., and Teaching Family Reunification: A Sourcebook, by Warsh et al. These are rich in information regarding designing and implementing family reunification programs.

In addition I met with the In-Home Services Director for Starr-Commonwealth Schools, who told me that the state had recently denied contracts to three of the largest private providers of in-home care, but would be writing contracts for a new model of aftercare

called the Juvenile Justice Diversion and Reintegration Alternatives (JJDRA). The JJDRA is a delinquency model utilizing family workers, referred to as community treatment workers, and community contact workers or "trackers." The JJDRA has many of the same program components, theory, and goals as the Intensive Aftercare Project (Altschuler & Armstrong, 1994). In this state JJDRA contracts will be awarded based on Requests for Proposals (RFP).

The state has allocated funds to each county for aftercare for delinquents through the "Family Reintegration Program." It is not as intensive as the JJDRA, yet it offers a more formal family intervention, including family counseling, than the JJDRA. The focus is on strengthening the family as a whole, rather than emphasizing intensive surveillance of the delinquent. Generally, the JJDRA and the IAP would be for the serious, high risk juvenile offender. The agency's aftercare program will model the "Family Reintegration Program" with some components of the IAP that are compatible.

While at Starr I was made aware of the state association for home-based family service programs. I met with one of the board of directors, who is professionally, a program manager at one of the state's private agency leaders in family preservation/prevention and reunification, and one of just three agencies to land a DSS family reunification contract, Judson Center. The association has a handbook outlining their beliefs and principles, including, "that family treatment is the treatment of choice" and "that a full range of home-

based family services and models is necessary in order to be of maximum help and support to children and their families, and to be provided in the least restrictive and non-intrusive style as possible" (Michigan Home-Based, 1992, p.3). I had the manager put my name and agency on the mailing list. I discovered that the target population for all researched home-based program models was the *entire family*, not solely the identified child (Fagan, 1989).

Additional on-site visits took me to Wedgwood Christian Youth and Family Services and Boysville, where I interviewed program directors and training specialists regarding their respective programs. At Boysville I became more aware of particular competencies that need to be taught to residential and aftercare staff in regard to family reunification.

The Multisystemic Treatment Approach (MST) was presented as another successful prevention program for serious juvenile offenders. Boysville staff had traveled to South Carolina for training in MST and were very impressed. I contacted the Center for the Study of Youth Policy, directed by Ira Schwartz, for more information. MST is based largely on family systems conceptualizations of behavior and behavior change, but it also incorporates Bronfenbrenner's (1979) theory of social ecology (Henggeler, 1994). Rigorous evaluation is touted as a cornerstone of MST. Therapists are generally master-level counselors with caseloads

of four families each (1994). Although it is an in-home prevention program, it could be easily adapted for family reunification purposes.

I also reviewed program statements from nine other state and national residential care agencies with various levels of aftercare components. The variance went from one or two in-home contacts subsequent to discharge in the next 60 days to a very family-centered, intensive approach that operated with the belief that aftercare began at admission. A list of the programs reviewed is in the Appendix.

Accreditation standards were also investigated in that the agency is considering application for accreditation with the Council on Accreditation of Services for Families and Children (COA). According to COA there are seven generic standards that apply to the termination of service and aftercare (COA, 1992, pp. 14-17).

The standards include termination being an orderly process carried out between client and agency in which any aftercare plans are developed. As Kadushin (1980) says: "Intake, life in the institution, and discharge from institutional care are all different steps in a single process. Preparation for and help with the return to the community are an important unit in the process" (p. 605). The aftercare services will need to be clearly described in narrative form for each standard. I was able to review two examples of narrative produced for accreditation purposes by a preventive services program and a fostercare program, supplied to me by the Child Welfare League of America.

The CWLA has standards dealing with family preservation and reunification. Essentially, an agency's reunification efforts should include at least the development of an appropriate case plan and establish an appropriate visitation schedule, as well as other measures to ensure that visitation is facilitated and actually occurs (CWLA, 1988, p. 110). My information regarding accreditation standards was a result of a telephone contact with CWLA's Coordinator of Special Projects, who subsequently sent me various documents to review.

I also received helpful information from the Child and Youth Learning Center at the University of Wisconsin - Milwaukee, dealing in particular with the whole concept of moving an agency toward a community and family focus (Pare, 1994), as well as the independent University Associates, a social research think tank, which is completing a thorough study of family reunification efforts in the state. The report is due out in April, 1995, and it documents the outcomes of the three agencies with DSS family reunification contracts: Highfields, Judson Center, and Catholic Social Services.

Development and processing of survey instrument

In order to get the best possible information for the design of an effective aftercare program, I not only needed input from other programs, associations, and directors, I also needed an accurate assessment of what we had done in the past and present from staff, families, and youth. A simple survey instrument was designed and modified for six groups of people: referral workers, residential staff,

youth currently in care, parents of youth in care, selected released youth, and their parents.

Surveys were mailed to all referring workers from the state DSS and county courts who had used our services in the last year. Seventy surveys were mailed. All residential staff received a survey, as did ten youth who are ready to be released, and their parents. Ten youth and their families were selected from a discharge list from the last twelve months. This process lasted the entire 10 week implementation period.

Development of the framework and budget

"The format and success of an aftercare program are intrinsically related to whether aftercare is considered as something tacked onto the end of the 'real' treatment or whether aftercare and discharge planning are viewed as an integral part of in-service care; a meaningful aftercare program begins the day a youth is placed" (Flye & Feifer, 1988, p. 189). Flye and Feifer call it the "discharge clock," and it begins ticking at intake.

Unfortunately, there is still the attitude in my state that aftercare is just that, "after-care." The real treatment is in the foster/group home with the surrogate parent figures or the compassionate and caring child care worker or therapist. For years my state has been a leader in child welfare reform, most recently, leading the collective charge on community-based and family preservation programs.

It has been said, however, that when there is a paradigm shift everyone goes back to zero. The tectonic plates of our society have been shifting and shaking at such rates, I have seen my agency as a residential program forced and challenged to make changes that five years ago we could not envision. Social perception in my state of juvenile offenders being worked with in community-based programs is not positive. So, according to one state DSS official, instead of aggressively pursuing those programs that may make the difference with the families in the community, the move is back to more medium and high security facilities, with a three month aftercare "tacked" on.

My executive director and I met with our agency's DSS contract liaison recently to establish a realistic budget and were informed that the state would not fund aftercare as an *ongoing* part of a residential contract for service, certainly not one that would have the gall "to start at intake." Recently, the state gave the individual counties the funding for family reunification programs, or reintegration, as the state likes to label it; so any aftercare program that the agency develops would have to be individually contracted with the counties. Now that does not sound too difficult until one realizes that there are 83 counties in the state, and although it is unlikely my agency will have youth from all of them, we conceivably could.

All of this funding information was important to have as consideration for a framework was beginning to take shape. Frye and Feifer (1988) have presented what they refer to as "the communication

wheel" as foundational to the model of aftercare in a residential setting. In my agency's situation the therapist would be considered the "hub" of the communication wheel (See Appendix C). During the residential stay, this worker integrates, synthesizes, and formulates, as a member of the treatment team, a discharge plan. The team includes the youth, the family, the referring agency representative, the residential treatment team, the residential education team, the youth's home community education team, the therapist, the family/aftercare worker, and those folks who are community resources of support to the family and youth.

Flye and Feifer (1988) present excellent questions that every team member should be asking, such as: Why is this child in care? What behaviors does the child exhibit that have been viewed as disturbed or disturbing? What behaviors does the family exhibit that prevent them from caring for this child? Who is the family? What stresses led to placement? What are the child's needs? What are the family's needs? To what extent can these needs be met? What community services were used before placement? What community services are available? What educational services are needed?

As in-care goals are met and problem behaviors of the youth and family diminish, discharge approaches. From 45 to 30 days prior to release the therapist and family/aftercare worker exchange places with the family/aftercare worker's role becoming increasingly more central (See Appendix D). The hallmark of this program, however,

will be the agency and staff seeing the parents as partners on the team, and the parents truly feeling that they are in partnership with the staff (Carlo, 1993; Christensen, 1991; Garfat, 1990; Jenson & Whittaker, 1989; Flye & Feifer, 1988; Van Hagen, 1982; Krona, 1980).

The program outline includes but not limited to: Staffing patterns, treatment modality to be employed, and measures of quality to be employed. I am proposing three family/aftercare workers of varying levels of competency. They should have a demonstrated knowledge, skill, and attitude base for family systems theory/family therapy, social learning theory and behavioral interventions, a working awareness of peer group process and program, an ability to network and have a knowledge of community resources. Parent training (Behavioral, STEP, Active Parenting, etc.), assessment, differential treatment planning, case management, crisis intervention, and record keeping will be important skills to possess.

While a youth is in placement the family/aftercare worker would take the opportunity to help the family develop skills needed for problem solving, and the visits and aftercare stage would provide opportunity to work on the specific problems. This is counter to a static model (Van Hagen, 1982) that believes a youth is placed out of the home to "get fixed" and returned when cured. This is an interactional approach that focuses not only upon the interaction within the family, but also between the family and the community.

The aftercare worker must enter with knowledge of the family system, understanding of what treatment has taken place, and a commitment to finding out what still needs to happen. Establishing both this understanding and contact with the family before discharge is vital to successful outcome. Parent groups need to be part of the plan. The aftercare worker must attend all agency and community meetings regarding a youngster's discharge plan.

Also, the aftercare worker should attend IEPC meetings at the school the youth will attend upon discharge; he or she can act as an advocate for the best educational services available. Aftercare services do not guarantee successful outcomes. Aftercare services sometimes do not resolve the problem, but are invaluable both in supporting the family during the onslaught of crisis and in expediting the possible replacement.

Essential components of effective aftercare programs include: Aftercare begins at time of admission & everybody on the team agrees; it is incumbent for the team to seek out resources that historically have been ignored for the family; the team considers the concept of family in the broadest terms; early collaboration of the in-care and aftercare workers; and group treatment for the youth and family (Flye & Feifer, 1988). The core concept of return to a family must be part of the agency's ideals and values.

Measures of quality to be employed (Fagan, 1989), should include Quality Assurance components; the evaluation of individual

goals, discharge criteria, and contracts; quarterly treatment reviews; accreditation by an independent organization, such as COA; an external evaluation by the DSS; and the agency's own follow-up.

An excellent model of a reunification program in preparation for program evaluation is Turner's (1993). It makes visible the intended inputs, operations, and quantity and quality of outputs (pp. 186-187) and suggests possible variables to include in assessing a program.

Results

Objective (1)

The first objective was to review seven aftercare program designs that were effective. I believe I have knowledge of the best models available, that have been put in print. In the previous section I identified some of the programs. I also have established corresponding relationships with several directors and have successfully increased the agency's ability to network.

Objective (2)

To survey the four practicum agency directors was my second objective, primarily to make sure I did not miss any information that they would have about an aftercare project. I was able to survey them within the first two weeks of the implementation. They have all worked in other agencies and have varied experiences with aftercare. They were very much in favor of the agency pursuing this program as it relates to residential care.

As mentioned earlier in this report the agency has a small family reunification program titled, "Home Enhancement." The director of foster care oversees this program and shared his sense of its inherent strengths and weaknesses. Initially, the biggest problem was getting the funding, but once the contract was awarded, finding a family therapist on the agency's staff to go to a family's home in the evening was impossible. The director ended up hiring a therapist, part-time, in order to meet the need and the contract criteria.

Objective (3)

The agency is exploring the possibility of applying for accreditation with COA next year (1996). As a consequence, any new program has to meet the standards of COA. In addition I checked with CWLA as to their standards as they apply to residential care. In reviewing the standards it is a matter of writing a narrative for each generic standard as descriptions of the services provided. The aftercare plan that I am proposing would more than adequately meet COA minimum standards.

The National Association of Homes and Services for Children (NAHSC) and the National Organization of Child Care Workers in America (NOCCWA) did not have standards specifically for aftercare, however, when they were contacted, they were very helpful in regard to other resources. This objective was accomplished by the sixth week of implementation.

Objective (4)

The fourth objective, to develop six survey instruments proved to be a good method in retrieving some immediate feedback from many sources.

In order to have accurate information regarding aftercare services, six survey instruments were developed. They were purposely simple to encourage feedback and a high percentage of responses. This objective took the ten weeks of implementation.

Objective (5)

To select those potential respondents to the survey was the fifth objective. The "master youth list" gave me the names of most of the referral workers, current youth, recently released youth, and naturally the parents. Staff names were the residential staff currently employed by the agency.

Objective (6)

The sixth practicum objective was to mail the survey and/or personally interview. In difficult cases, such as with parents of released youth I would use the telephone. This has taken all ten weeks to accomplish. Even in the simplicity of the report not every one responded.

The responses generally applauded the program while the youth was in placement, but bemoaned the fact that released youth often fell back into old habits. Consensus with workers, youth and parents was they would have benefitted from an aftercare program.

Objective (7)

Target counties were to be identified for the purpose of contracting for aftercare services. As indicated earlier in the report, the state no longer contracts for aftercare. All of the aftercare money is identified with the counties in "family reintegration" funds. There were twelve counties in the agency's region of the state that expressed interest in contracting with the agency.

Objective (8)

The eighth practicum was to develop a feedback assessment instrument that measured a youth's adaptation to the home environment upon leaving residential care. This objective was not accomplished, due to the author misjudging the amount of time to accomplish all the objectives. This became the last priority, because this instrument is not necessary for an initial program design. Once the program is operationalized, then several evaluation instruments will need to be developed.

Objective (9)

To write a framework, or skeleton, for a program design was the ninth objective, and it was accomplished in the tenth week of the practicum project. The framework is identified in the previous section of this report.

Objective (10)

The practicum agency's executive director and myself met with the state DSS contract liaison with private agencies. He said that aftercare would not factor into the contract rates under the current

system. Contracts will have to be written with individual county DSS offices through the family reintegration rules. Consequently, we will hire 3 family workers who will become aftercare workers following discharge. They will be assigned to the family at intake and will stay with that family until their case is closed.

. With the information that my executive director and I received from the state, and based on the framework for aftercare service, we took the data and gave it to our accountant, who estimated that we would have a budget for three family/aftercare workers for a 30 bed residential campus at approximately $90,000. That figure includes salaries and benefits.

Objective (11)

This final goal was to identify specific objectives of effective aftercare programs. In reviewing numerous articles and interviewing many experts on aftercare I was successful in identifying 10 major objectives of an effective aftercare program:

1. To identify and help juvenile delinquents make a gradual transition from residential care into the home community is the overall aim, and thereby lower the high rate of failure and relapse and prevent the return to a more restrictive residential setting.

2. To see the primary focus of aftercare is the whole family, not solely the identified youth.

3. To stress and advocate continually the need for linkages to the public schools on behalf of the youth and family. The non-

involvement of public school personnel is the greatest risk for failure and traditionally the weakest link in the chain. Schools are very intimidating.

4. To identify, focus, and then strengthen social and community resources for the family and youth that currently exist in their support network. To develop new skills to build relationships in the weak links in their support system and search for new resources and supports where needed.

5. To understand that aftercare is part of a continuum of care and begins at admission, no matter if the state refuses to pay for it. And that postdischarge intervention should be delivered in the home.

6. To believe that the family is the primary caregiver and the most important source of social learning, intellectual development, emotional growth, and moral and spiritual guidance for children and therefore, the family must be supported and further strengthened by the community in fulfilling these tasks.

7. To promote that families have the right to make decisions that will affect them as well as to be held accountable for their decisions and actions. That the primary work with parents is to help them be parents and remove the barricades to success as parents.

8. To ensure that parents are actively involved in the assessment, service planning, and case review processes and to actively advocate for the family.

9. To prepare the youth for progressively increased responsibility and freedom in the community.

10. To teach and model for parents support and education in effective parenting skills. To develop a parent support group.

Chapter 6: Conclusion

Implications of Results

The practicum agency had a problem in that it was only meeting the bare minimum state requirements for aftercare, which in this day and age, causes all of us; caregiver, youth, and family to fall "short of the mark." The agency did not have a framework for establishing an aftercare component in its residential program prior to this practicum project.

In a brief review of the outcomes, I have read and reviewed what I believe to be the current status of aftercare theory, and have established positive professional rapport with other directors and program managers. Input from the agency's own staff, administrators, youth, parents, and referring workers has helped in designing an aftercare program that is uniquely ours.

Although an evaluation tool was not developed, other instruments were discovered through the reading. Interested counties were identified for the purpose of contracting for family reintegration services, a budget was established and approved, and a framework for design and objectives of care were prepared. The program is ready to be operationalized.

One of the possible implications of developing aftercare is that there may be a reduction in a youth's length of stay in residential care, as well as improving the permanent outcomes of youth. This change will also allow the agency to possibly diversify operations, by

extending treatment and supervisory staff into homes and community settings. It will certainly create a healthy tension in the agency regarding moving more toward a family-centered or family-based orientation.

Recommendations

In future utilizations of this practicum, I recommended the following modifications, practices, and additions:

1. Do not be surprised by the lack of feedback from families and youth when mailing questionnaires, even with self-addressed stamped envelopes. Telephone calls are the best if you have the right phone number. Often, when records of former students have not been updated telephone numbers and addresses are not accurate.
2. I would build into the implementation phase of the project a standard of evaluation. I would probably utilize John Turner's (1993) model on evaluating family reunification programs. It will become a part of an on-going evaluative process of this program once operationalized.
3. I was fortunate to talk to the state DSS contract liaison when I did, because I had not built into the project a time to discuss the issue of funding aftercare. It saved me from having to rewrite the program. As mentioned the state will not fund aftercare the way it should be done, beginning the day a youth is placed in care (Flye & Feifer, 1988; Kadushin, 1980).

Consequently, I would schedule to talk to the state contract people.

Three methods of dissemination of this practicum and its results are planned. First, I will share this information with the agency directors so that it may form the basis for a move from being child/client centered to becoming family centered and focused as a full-service agency. Second, I would like to summarize this report into a suitable form for submission to a child and youth care professional journal. In addition, I plan on sharing my experience with other professionals in child care agencies in the state considering family reunification issues and family-centered service delivery.

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APPENDIX A

Aftercare Report Format

TEEN RANCH RESIDENTIAL CARE

AFTERCARE REPORT FORMAT

The Aftercare Report must be completed 45 days following discharge date. This is a final 45 day report.

IDENTIFYING INFORMATION

NAME_____DOB_____CASE #_____

RACE_____COUNTY_____FUNDING_____

PLACEMENT DATE_____DISCHARGE DATE_____

REPORT PERIOD_____REPORT COMPLETED_____

SOCIAL WORK CONTACTS

Dates -- with whom -- type of contact (home call, telephone, office, etc.)

CONTINUITY OF CARE

A. Agency and person responsible for care and treatment of child in present placement
B. What is that person's impression of the child's current progress

CURRENT PLACEMENT

A. Type and/or name of placement
B. Statement of the continuing necessity for and appropriateness of child's placement
C. Information on any placement changes which have occurred since discharge from our program
D. If relevant, reason child is not placed with a family of the same racial identity, or siblings not placed together and the plan for sibling contact

ADJUSTMENT IN CURRENT LIVING SITUATION

A. How the child has been adjusting socially, emotionally, behaviorally, etc.
B. Family relationships (parents & siblings), use of spare time, association with old friends, curfew, etc.
C. Attitude regarding current living situation

PROGRESS IN SCHOOL WORK PLACE

A. Has child been enrolled in school; or found a job, if applicable? State name and location of school/work place

B. Statement of child's adjustments and progress in school/work place (teachers, grades, peers, homework/boss, co-workers, etc.

ISSUES NEEDING ATTENTION

A. State any old issues which are yet unresolved and current needs which remain to be met, etc.

WORKERS RECOMMENDATIONS

DISTRIBUTION OF THIS REPORT

A. List the agencies, institutions, and local departments where copies have been sent.

THERAPIST_____DATE_____

CASE SUPERVISOR_____DATE_____

Date Dictated
Date Transcribed

Rev. 3-1-88

APPENDIX B

Implementation Plan

Calendar plan for implementation activities

The activities necessary for implementing this proposal are organized into a ten-week calendar. The calendar lists the tasks in order of occurrence and indicate when the outcomes will be gathered. Work on several of the tasks progressed concurrently during the ten-week implementation period. Evaluation took place at the end of the 4th and 10th weeks.

Objective (1) To review designs of 7 aftercare programs.

Step 1: Identify 7 programs that are effective.

Step 2: Contact program directors by telephone of other agencies and inquire about their programs.

Responsible person: The author of proposal.

Time required: Week 1.

Objective (2) To survey the 4 practicum agency directors.

Step 1: Gather input from interview.

Person responsible: The author.

Time required: Week 4.

Objective (3) To explore standards of quality programs.

Step 1: Contact COA, NAHSC, NOCCWA, CWLA.

Person responsible: The author.

Time required: Weeks 4 & 5.

Objective (4) To develop 6 survey instruments.

- ☐ Referral workers
- ☐ Residential staff

- ☐ Youth in care
- ☐ Parents of youth in care
- ☐ Selected released youth
- ☐ Selected parents of released youth

Responsible person: The author.

Time required: Week 2.

Objective (5) To select those who will receive the survey.

Step 1: Review worker, staff, placement, & discharge lists.

Person responsible: The author.

Time required: Week 2.

Objective (6) To mail survey and/or personally interview.

Step 1: SASE addressed to each respondent.

Step2: Phone parents and released youth.

Person responsible: The author.

Time required: Weeks 2 & 3.

Objective (7) To identify target counties interested in contracting for aftercare services.

Step 1: List adjacent counties first; work from there.

Person responsible: The author.

Time required: Week 9.

Objective (8) To develop a feedback instrument.

Step 1: Review Taylor & Alpert.

Person responsible: The author.

Time required: Week 6.

Objective (9) To write a framework for program design.

Step 1: Review Hodges, et al.

Person responsible: The author.

Time required: Week 7.

Objective (10) To develop a budget.

Step 1: Identify each component to the program.

Step 2: Do cost analysis.

Person responsible: The author.

Time required: Week 8.

Objective (11) To identify specific objectives of effective aftercare program.

Step 1: Review Hodges (p. 398) & Kettner and Daley.

Step2: Analyze data received from survey.

Person responsible: The author.

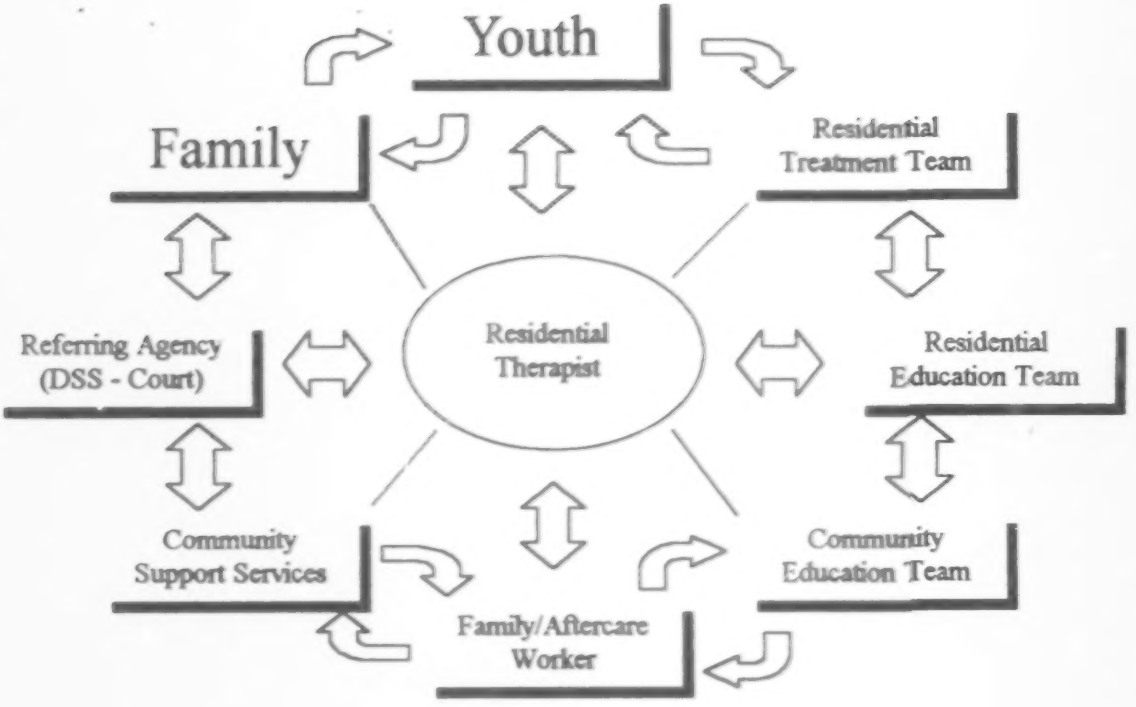
Time required: Weeks 9 & 10.

APPENDIX C

Communication Wheel

Residential Care

Communication Wheel
While Youth is in
Residential Care

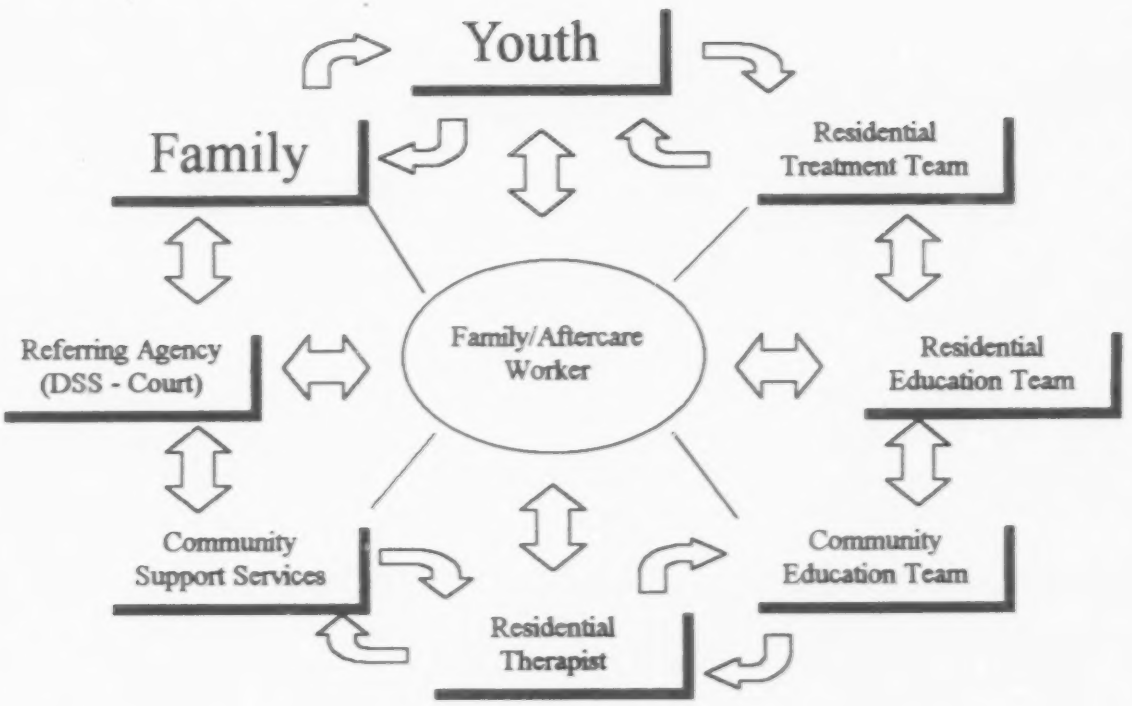


APPENDIX D

Communication Wheel

Aftercare

Communication Wheel
When Youth is in
Aftercare



APPENDIX E

Survey Example

Teen Ranch, Inc.
Residential Services Survey
Referring Worker/Probation Officer

Dear _____

Teen Ranch is considering an aftercare/family reunification program for boys and girls placed from your county in our residential program. Would you fill out this survey with your comments and return to me in the enclosed self-addressed stamped envelope? Thank you.

(Circle one)
In general, have you been satisfied / not satisfied with the service that has been provided the children you have placed at Teen Ranch.

(Circle one)
Have you had a child do well at Teen Ranch, return home and appear to lose all the gains he or she made? Yes / No

(Circle one)
Would that child have benefited from a 3 to 6 month intensive aftercare program? Yes / No

What are your thoughts about an intensive aftercare program that believes aftercare starts at intake? Teen Ranch is considering having a family/aftercare worker begin working with the family 2 to 3 times a week at intake. At the time of release, the worker would remain with the family for 3 to 6 months.

Your comments:

_____

_____

_____

Thank You - Jeffrey H. Roley, Director of Residential Services